CITY OF CHARLESTON TAXI CAB /CHAFFEUR/ PEDICAB DRIVER'S PERMIT INSTRUCTIONS

- 1) You can pick up a City of Charleston Taxi Cab Driver's Permit Application or Rickshaw/Pedicab Application at the City of Charleston Police Department, Administrative Support Division, located at 180 Lockwood Boulevard. You may also print out an application online at www.charleston-sc.gov, click on City Departments and then click Police Dept. The entire application must be completed within 30 days of the date you submit your application.
- 2) Completed Applications must be returned to the City of Charleston Police Administrative Support Division located at 180 Lockwood Blvd. between the hours of 8:00am and 3:00pm on Tuesdays and Thursdays. From Jan. 4- Feb. 3, 2011 we will process applications Tuesdays, Wednesdays, and Thursdays between the hours of 8:00am and 3:00pm. Beginning Feb 8, 2011 we will process applications on Tuesday and Thursdays between the hours of 8am-3pm.
- 3) Along with your completed application you must submit the following items:
 - A) The Medical Statement that is included in this packet must be completed by your physician. Pedicab operators are excluded. **SC D.O.T. cards will not be accepted**.
 - B) A <u>certified</u> criminal records check through SLED (SC <u>State Law Enforcement Division</u>). This information may be obtained **by mailing** a \$25.00 money order or business check to:

SC State Law Enforcement Division Attn. Criminal Records PO Box 21398 Columbia SC 29221

Your request must include your full name, date of birth, social security number, current mailing address, current phone numbers, and self address stamped envelope.

**As of Monday December 15, 2008 the SLED Records Check Division located at 4400 Broad River Rd. in Columbia SC. will no longer be open to walk-ins.
WE NO LONGER ACCEPT RECORD-CHECKS OBTAINED ON-LINE FROM THE SLED WEBSITE ***

- C) A <u>certified</u> Ten-Year (10) Driving Record from the SC Division of Motor Vehicles. Requests for this record should be made in person at the DMV Branch office in front of Police headquarters at 180 Lockwood Blvd. *Online printouts will not be accepted*.
- D) Present you're current South Carolina Driver's License. Your address on the application *must match* the current address on your current S.C. driver's license. *No Exceptions*.
- E) Proof of employment in the form of a letter from the company on company letterhead (example: John Doe will be working for the "Z-CAB" Company...) <u>Company owners</u> are required to submit their Insurance Binder or Business License, if applicable.
- 4) Incomplete Applications will not be accepted. Applications which are determined to be incomplete will be returned to the applicant.

NOTE THE FOLLOWING:

- 1) Fee for License: \$20.00; there is a \$30 fee if you will be driving for more than one company at the time of submitting your application.
- 2) There is a \$20 late fee for renewals beginning February 8, 2011.
- 3) There is a \$20 replacement fee for all lost/stolen/damaged cards or adding/changing companies after the application date.

CITY OF CHARLESTON TAXI CAB / PEDICAB DRIVER'S PERMIT MEDICAL STATEMENT

1	, (atter	iding or hospital p	onysician) examined
	on this _	day of	20,
and I confirm that the examinee do	es not have any p	physical or mental	condition which
would prevent him / her from safel	y operating a lim	o/taxicab in the C	City of
Charleston.			
Physician's Signature		Date	
Address		Telephone Number	
City State Zip		FAX Number	
Patient Signature		Date	
AUTHORIZATION TO RELEAS	E INFORMATIO	ON	
I hereby authorize my attending p there-of acquired in the course of my employer and their affiliates an	my examination	for this certificate	
Patient Signature		Date	

APPLICATION CITY of CHARLESTON CHAUFFUER/TAXI CAB / PEDICAB LICENSE

Driver's License No.	StateExp. Date
Last Name	First NameMI
Race Sex Date o	StateExp. Date First NameMI f Birth S.S.No
Address	City State Zip
Telephone No	Alternate Phone No
HGT WGT	City State Zip Hair Eyes
List Three Local Personal Refe	erences who have known you personally and can speak to your
character:	
1) Name	Telephone No.
Complete Address	
2) Name	Telephone No.
Complete Address	
3) Name	Telephone No.
Complete Address	<u> </u>
List traffic violations with disp	ositions for the past three years:
Have you ever been arrested? If yes, list all arrests with dispo	No Yes
If yes, list all arrests with dispo	No Yes ositions:
If yes, list all arrests with disponent of the application of the appl	No Yes ositions: on the following items:
Please attach to the application Signed Medical Statement (2) Certified Criminal Backgro	No Yes ositions: on the following items: Pedicab operators are excluded/SCDOT cards will not be accepted) und Check through SLED (No Online Printouts)
Please attach to the application Signed Medical Statement (2) Certified Criminal Background Certified Ten-Year Driving	on the following items: Pedicab operators are excluded/SCDOT cards will not be accepted) und Check through SLED (No Online Printouts) Record through SC DMV (No Online Printouts)
Please attach to the application Signed Medical Statement (2) Certified Criminal Backgro Certified Ten-Year Driving Proof of Employment/Comp	No Yes ositions: on the following items: Pedicab operators are excluded/SCDOT cards will not be accepted) und Check through SLED (No Online Printouts)
Please attach to the application Signed Medical Statement (2) Certified Criminal Backgro Certified Ten-Year Driving Proof of Employment/Complicense, if applicable	on the following items: Pedicab operators are excluded/SCDOT cards will not be accepted) und Check through SLED (No Online Printouts) Record through SC DMV (No Online Printouts) oany Owners: Insurance Binder or City of Charleston Business
Please attach to the application Note: The proof of Employment/Complication PRESENT your ORIGINAL	No Yes ositions: on the following items: Pedicab operators are excluded/SCDOT cards will not be accepted) und Check through SLED (No Online Printouts) Record through SC DMV (No Online Printouts) oany Owners: Insurance Binder or City of Charleston Business L SC Driver's License (Clerk will make and attach a copy)
Please attach to the application Note: The proof of Employment/Complication Proof of Employment/Complication Proof of Employment/Complication Present your ORIGINAL I hereby submit this application	on the following items: Pedicab operators are excluded/SCDOT cards will not be accepted) und Check through SLED (No Online Printouts) Record through SC DMV (No Online Printouts) oany Owners: Insurance Binder or City of Charleston Business L SC Driver's License (Clerk will make and attach a copy) of for a City of Charleston Taxi Cab or Pedicab license and attest to
Please attach to the application Signed Medical Statement (2) Certified Criminal Backgro Certified Ten-Year Driving Proof of Employment/Complicense, if applicable PRESENT your ORIGINAL I hereby submit this application the fact that all of the above an	on the following items: Pedicab operators are excluded/SCDOT cards will not be accepted) und Check through SLED (No Online Printouts) Record through SC DMV (No Online Printouts) oany Owners: Insurance Binder or City of Charleston Business L SC Driver's License (Clerk will make and attach a copy) of for a City of Charleston Taxi Cab or Pedicab license and attest to dattached information is true and accurate. I understand that any
Please attach to the application Signed Medical Statement (2) Certified Criminal Backgro Certified Ten-Year Driving Proof of Employment/Complicense, if applicable PRESENT your ORIGINAL I hereby submit this application the fact that all of the above an	on the following items: Pedicab operators are excluded/SCDOT cards will not be accepted) und Check through SLED (No Online Printouts) Record through SC DMV (No Online Printouts) oany Owners: Insurance Binder or City of Charleston Business L SC Driver's License (Clerk will make and attach a copy) of for a City of Charleston Taxi Cab or Pedicab license and attest to
Please attach to the application Note: The proof of Employment/Complication Proof of Employment/Complication Present quality applicable Present your ORIGINAL I hereby submit this application the fact that all of the above an false or incomplete statements	on the following items: Pedicab operators are excluded/SCDOT cards will not be accepted) und Check through SLED (No Online Printouts) Record through SC DMV (No Online Printouts) oany Owners: Insurance Binder or City of Charleston Business L SC Driver's License (Clerk will make and attach a copy) on for a City of Charleston Taxi Cab or Pedicab license and attest to dattached information is true and accurate. I understand that any shall invalidate the permit application.
Please attach to the application Note: The proof of Employment/Complication Proof of Employment/Complication Present your ORIGINAL I hereby submit this application the fact that all of the above an false or incomplete statements	on the following items: Pedicab operators are excluded/SCDOT cards will not be accepted) und Check through SLED (No Online Printouts) Record through SC DMV (No Online Printouts) oany Owners: Insurance Binder or City of Charleston Business L SC Driver's License (Clerk will make and attach a copy) of for a City of Charleston Taxi Cab or Pedicab license and attest to dattached information is true and accurate. I understand that any
Please attach to the application Nigned Medical Statement (2) Certified Criminal Backgro (3) Certified Ten-Year Driving (4) Proof of Employment/Complicense, if applicable (5) PRESENT your ORIGINAL I hereby submit this application the fact that all of the above an false or incomplete statements Applicant Signature Administrative Support Serve	on the following items: Pedicab operators are excluded/SCDOT cards will not be accepted) und Check through SLED (No Online Printouts) Record through SC DMV (No Online Printouts) oany Owners: Insurance Binder or City of Charleston Business L SC Driver's License (Clerk will make and attach a copy) on for a City of Charleston Taxi Cab or Pedicab license and attest to dattached information is true and accurate. I understand that any shall invalidate the permit application.

Sec. 31-122. Qualifications of applicant

Each applicant for a taxicab driver's permit and a chauffer's license shall meet the following requirements:

- (1) Be at least eighteen (18) years of age.
- (2) Be of sound physique, with good eyesight, and not subject to epilepsy, vertigo, heart trouble, or any other infirmity of body or mind which might render him unfit to safely operate a taxicab or public car.
- (3) Be able to read, write, and speak the English language.
- (4) Be clean in dress and person.
- (5) Be not addicted to the use of drugs or intoxicating liquors.
- (6) Be a person of good moral character, and furnish as references the names of three (3) reputable citizens of the city who have known him personally and observed his conduct.
- (7) Be the holder of a valid automobile driver's license from the S.C. Department of Motor Vehicles.

(Code 1975, § 50-55)